MBE/WBE, BLIND/SHELTERED WORKSHOP, AND SDVE PARTICIPATION REPORT This form may be downloaded from the Internet at: http://www.oa.mo.gov/purch/vendorinfo/participate.pdf.

This form may be downloaded from the Internet at: http://www.oa.mo.gov/purch/vendorinfo/participa
Contractor's Name:

Contractor's Address:
Contractor's City/State/Zip:

Lutheran Family & Children's Services of Missouri
8631 Delmar Blvd.
Saint Louis MO 63124-1990

Contractor's Vendor Number: 43065265000 State of Missouri Contract Number: C313081006

Description/Title of Service: Foster Care/Adoption Resource Services, Training & Consultation

I certify that the payments to the participating organizations listed below have been made for the month indicated.

Name of Contractor's Authorized Representative:

Signature of Authorized Representative:

Fax OR Mail OR e-mail this report by the 15th of each month to: (Julie Kleffner)

Fax#

(573) 526-9816

Address:

Div. of Purchasing & Materials Management

P.O. Box 809, Room 630, Truman Building (301 W. High)

Jefferson City, MO 65102

e-mail: Julie.Kleffner@oa.mo.gov	
JUDICIAL CIRCUIT 11 Name of WBE	Amount Paid for January 2017 Name the Month
BFT Holding Corp/Bringing Families Together	- O -
JUDICIAL CIRCUIT 21 Name of WBE	Amount Paid for January 2017 Name the Month
BFT Holding Corp/Bringing Families Together	- 0
JUDICIAL CIRCUIT 22 Name of WBE	Amount Paid for (Name the Month)
BFT Holding Corp/Bringing Families Together	0 -
JUDICIAL CIRCUIT 23 Name of WBE	Amount Paid for (Name the Month)
BFT Holding Corp/Bringing Families Together	-0-
JUDICIAL CIRCUIT 24 Name of WBE	Amount Paid for (Name the Month)
BFT Holding Corp/Bringing Families Together	-0-